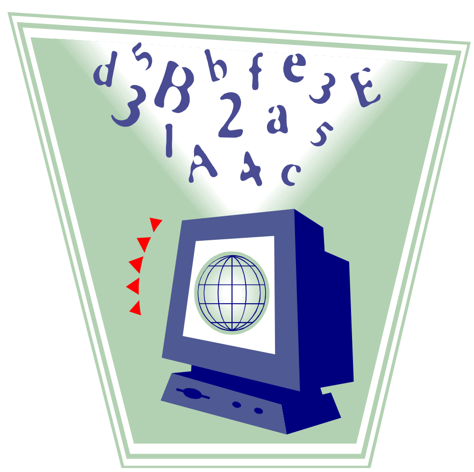
Quality Assurance Management System (QAMS)



Provider User Manual

April 2015

Quality Assurance Management System – QAMS Manual

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Quality Assurance Management System – QAMS

QAMS is a live database administered by the Department of Public Health and Human Services IT Division and the Community Services Bureau (CSB). It serves two purposes. One is to comply with the Federal Quality Assurance Mandates for Home and Community Based Services Waiver (HCBS). Second, QAMS streamlines, standardizes, and simplifies quality assurance communication between providers, Regional Program Officers (RPO), and Central Office (CO) in a secure and paperless environment. QAMS data is used to document trends across the state which in turn enables the Community Services Bureau to identify training needs and assess program policy and procedure. The HCBS utilize data from QAMS to respond to Centers for Medicare and Medicaid Services (CMS) questions and performance measures.

The QAMS website is located at: http://app.hhs.mt.gov/QAMS

As a provider of personal care or Big Sky Bonanza waiver services or a case manager with the elderly/disabled home and community based services waiver, you are required, per contract, to utilize the QAMS system to enter and view Serious Occurrence Reports and Quality Assurance Communications. The Quality Assurance Review standards are also completed in QAMS.

Each provider or case management team is required to assign at least one QAMS point person in charge of contacting central office immediately of new or terminated employees who need access or should no longer have access to the system. This person is also in charge of training new hires on QAMS to ensure proper reporting and quality services to our consumers.

Note that every QAMS user must have a distinct username and password to enter information in QAMS. Users cannot share this information with each other.

Accessing QAMS Website

QAMS is accessed through a web application. Please save this website address as it includes required forms to allow access and deletions for QAMS users: http://dphhs.mt.gov/tsc/securityaccessforms.shtml

Sign-In Screen

The initial screen of the QAMS system is the Sign-In Screen. You must have a QAMS account, i.e. a username and password to access QAMS. Your username is a number assigned to you by the Department. To establish your QAMS username you must complete an OM-300B form. This form can be accessed on the QAMS website earlier on this page. Once you have completed this form you must fax it to Central Office (LaDawn Whiteside) at (406) 444-7743. Once the Department processes your request you will receive an email with your username and password. Upon receiving this information you should immediately go into QAMS. This information does not give you access to the system, but instead prompts you to create your own Secure Password. You must enter your password twice, and then click the OK button. Upon successful duplicate entry of your new password, system access is granted.

Note that you must click the Sign-In button with the mouse as pressing the Enter key does not allow entry.

Sign- In Quick Reference:

- Username: Identification Number (usually two letters and four numbers
- Password: created by and known only to you
- Click the Sign-In key (pressing enter doesn't work)

Passwords: QAMS requires you to create a Strong Password in accordance with HIPAA regulations that require security of **Protected Health Information** (PHI). A Strong Password is not easy for malicious people to guess or break by using specialized programs. System password rules require that a password be 6 or more characters. It must include letters, at least one number and at least one special character (those above the numbers on a normal keyboard). Please see the password tips at the back of this manual for ideas on how to create a password that you can remember.

QAMS Access Requirements:

- Your password should never be written down or shared with anyone.

- QAMS user support for connectivity and password issues will be provided by the DPHHS Technology Services "Help Desk". This includes assistance resetting your password.
  - ☞ Their # is 444-9500.
  - ☞ They are available Monday through Friday from 7:00 am to 5:00 pm.
  - ☞ If you reach their voice mail, leave a message that includes:
    - ✓ Identify yourself as a QAMS user;
    - ✓ Give your QAMS user id;
    - ✓ Phone number to return your call.

- UNDER NO CIRCUMSTANCE SHOULD YOU ENTER THE QAMS SYSTEM UNDER A USERNAME THAT IS NOT YOUR OWN.

- You will be required to change your password every 60 days.

Welcome Screen

The welcome screen is the main navigation window for the system. From here you can choose the quality assurance tool you wish to utilize. You will be returned to this screen whenever you click the exit buttons found at the bottom of the page within each tool screen. The buttons found on the welcome screen are listed below.

- New Serious Occurrence Reports
- SOR Search
- Password Administration
- QAC Search
- Logoff

Note: The preferred method of leaving the system is to click the log off button on the welcome screen.

Entering Information in QAMS

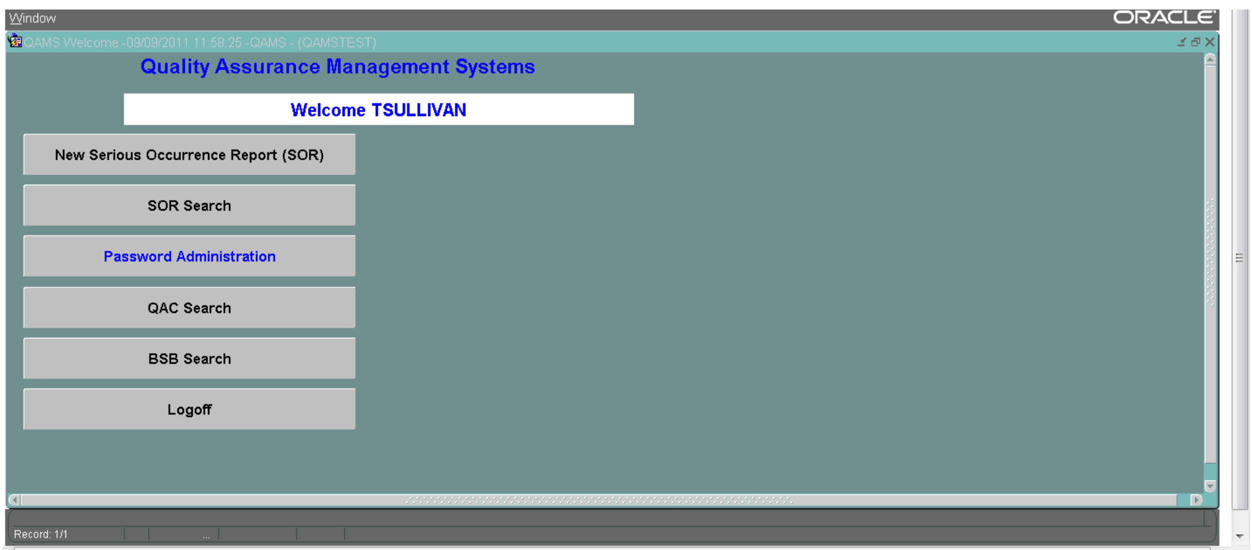
To enter information in QAMS you must use the fields provided on each of the QAMS screens. There are two types of fields in QAMS. The first is a text field and the second is a dropdown menu field. Text fields require you to enter text in the field. Dropdown fields require you to select a value from a pre-existing menu. ***Note that all dropdown menu fields are indicated by a box with an arrow to the right of the field.*** Dropdown menus are frequently utilized in this tool to speed entry and standardize information entered into the system. When a dropdown menu is available, the value in the field must be chosen from the dropdown menu. If the value entered is not found in the dropdown menu, the text entered in the field will be highlighted royal blue and navigation away from the field is impossible until the field is corrected. If you are unsure of what to enter in the field and need to navigate away from it, you can delete the entry, thus restoring the empty field and enabling navigation away from it. Remember that if you are unsure of what to enter in a field, clicking the dropdown box to see the options often assists in the decision.

To access a field you must put your cursor in the field and click your mouse. You will then be able to enter text using your keypad. Once you have entered text, be sure to click the save button to ensure your work is captured in the database. You can always go back and add additional text in a text field. The only time the text field becomes locked is when you click the submit button. At this point in time you can no longer include additional text in the field.

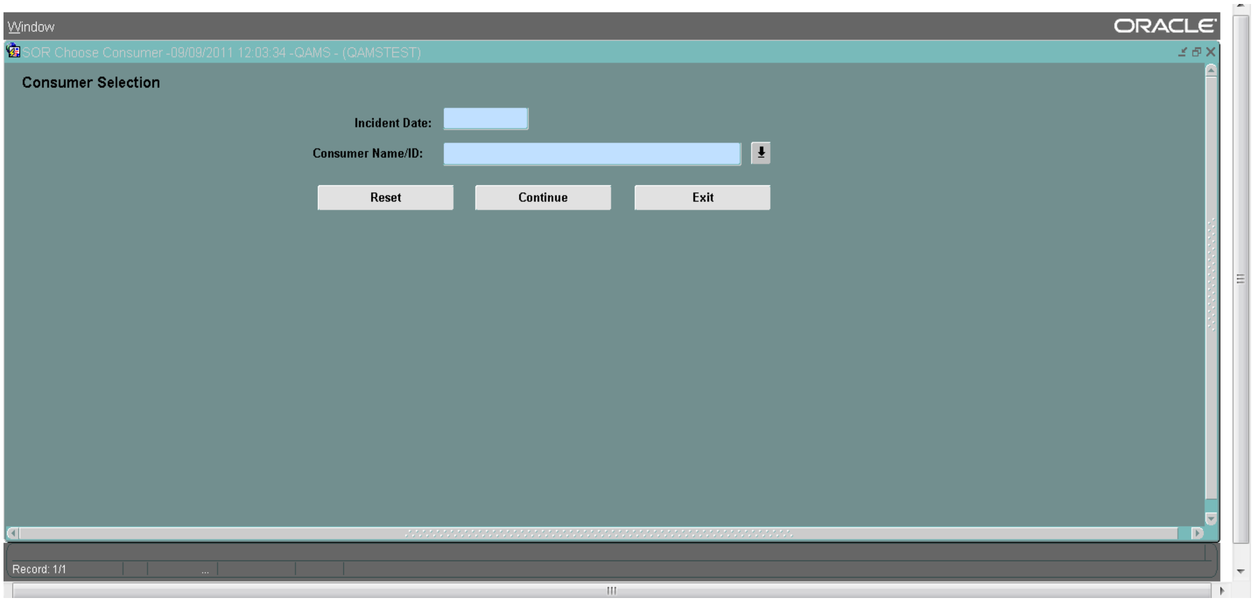
Note that text entered in a field will be highlighted in blue when you re-enter the field. Be careful not to delete the text in that field. **To avoid deleting the text DO NOT type in this field when it is highlighted. To add text to the field either double click or click once and use the up and down arrows on the keyboard before typing.** This will de-select the previously highlighted text and show a blinking cursor in the text.

SOR Entry Tool

Providers use this window to complete a new Serious Occurrence Report and submit it to their RPO.
From the welcome screen, click on "New Serious Occurrence Report (SOR)". This tool replaces the Form DPHHS-SLTC-129.



When you click on the New Serious Occurrence Report button this will bring you to the Consumer Selection screen.



Providers use this window to complete a new Serious Occurrence Report and submit it to their RPO.
The incident date must be completed prior to selecting the consumer name. The incident is the actual date of the serious occurrence, not the reported date.
You will have a drop down box that will display consumer names. Select the consumer's name and press continue to move to the SOR screen. Proceed with completing an SOR as you normally would.

The SOR entry window is a multipurpose window used to perform all actions on an SOR. The top portion of the window is to be completed by the provider representative. All fields highlighted in blue must be completed by the provider prior to submitting an SOR to an RPO. Please note that once the submit button is selected you will no longer be able to change the SOR report. Prior to selecting the "submit to RPO" button be sure the information in your report is accurate and complete.

Submitting an SOR to your RPO
The following fields must be completed prior to submitting an SOR to your RPO.

The **Incident ID** is generated by the system once the information is saved. Do not enter a value in this field when creating a new SOR.

The **Incident Date** field must be entered to represent the date the incident occurred. Currently, QAMS will not accept a retroactive date. You must use the date you are first entering the SOR.

The **Consumer TEAMS ID** field must be entered to identify the consumer. The TEAMS ID field will be automatically filled if the consumers name is chosen from the drop down menu next to the consumer name field. You can either search for the consumer by first clicking the arrow for the dropdown menu or by typing the last name in the name field and pushing the tab button. If you first click the arrow, you can search for the consumer by entering at least the first letter of their last name before the % and clicking the Find button. To select a name, either double-click the consumers name from the list or highlight it by clicking once then click the OK button. Note that if the consumer chosen for the Consumer Name field doesn't match the TEAMS ID previously entered, the TEAMS ID will automatically be changed to match the consumer name. This is important to watch for consumers with common names as we often have many people by the same name that can only be identified by TEAMS ID.

The **Program** field specifies which provider type the person entering the information represents. If, for example, a consumer receives both state plan and waiver services, enter the program under which the serious occurrence occurred.

The **Service Setting** is the residence setting in which the consumer lives and receives their services.
Choose the service setting from the drop-down list.

- Adult residential: Assisted Living Facilities are considered an Adult Residential setting.
- Beehive and Liberty Place are listed separately and should be chosen as the service setting for consumers residing

there. If a consumer lives in a different group home, choose the group home option.

- Home is for consumers living in their own home.
- Support Living refers to consumers not residing in a facility, but receiving the Supported Living service.
- Other is an option for consumers who fall outside those options listed. Only use this option after consulting with RPO or central office.

If a consumer has a serious occurrence while away from their residence, choose the setting in which the consumer typically receives services. Do not choose Other.

The **Provider Name** is the agency or case management team you represent. i.e. your employer. Choose your agency from the drop down list.

The **Provider Rep** field to the right of the Provider Name should contain your name. ***These fields must match across the page,*** that is, the Provider Rep must be an employee of the Provider named in the field to the immediate left.

The **second Provider Name** field is to be used for consumers with more than one provider (shared PAS cases or waiver consumers). This field is not blue because it is not applicable to all consumers. If a consumer receives only state plan through one provider, the second Provider Name field should be left blank. If a consumer receives both state plan and waiver services or receives state plan services through two agencies, the provider entering the information must list the other provider in this second Provider Name field, even if the incident didn't occur as part of the other provider's services. In shared cases you must enter this field because it serves as a reporting tool to the other provider. The other provider will not have access to the SOR or be notified of its existence if they are not named as a provider. The field to the immediate right of this second Provider Name field is also optional. For example, if a PAS agency enters the SOR and names the case management team as the second Provider Name, a Provider Rep from that CMT does not have to be entered, but can be. This exception is only for the second Provider Name and Provider Rep fields.

The **Incident Types** and **Subtypes** fields are linked fields that describe who was involved in the incident and what occurred to the person involved. The first dropdown box describes who the incident occurred to. The second dropdown box to the left describes what type of incident occurred to that person. For example, if a consumer falls, Consumer is selected. If a PCA cuts their finger, PCA should be selected. The second dropdown box categorizes the incident. Please try to categorize the incident from those listed. The selection of "Other" should be used only as a last resort.

The **Incident Description** is a narrative field describing the serious occurrence that occurred. Be specific about who, what, when, where, how and why of the incident. This should clearly indicate the incident and contain sufficient background information to allow the reviewing RPO to understand the circumstances of the case.

You may choose to type the description in a Word document, allowing for correct grammar and spelling. Once this description is complete, it can be copied from Word to the SOR you are working on. Highlight the text in the Word document with your mouse. Once highlighted, simultaneously press the Control and C keys on your keyboard. This copies the highlighted information to your computers clipboard. Switch over to the SOR screen and place the cursor in the Incident Description box. Simultaneously press Control and V on your keyboard to paste the copied information to the Incident Description field. If you use Word to write the Incident Description, <u>*do not save the Word document*</u> or clipboard item.

The **Incident Causes** field is a dropdown field that contains the possible entries of why, in your best estimation, the incident occurred. You can select multiple causes by hitting the down arrow once you have selected your first cause. Again, the value "other" should be used as a last resort. For a more detailed explanation of why the incident occurred please use the Incident Description field.

The **Responsible RPO** field is for the RPO responsible for area in which the consumer resides. Please choose your RPO from the dropdown.

Provider Actions Taken is a narrative field describing what has been done to respond to the serious occurrence. Usually, this includes some means of seeking or ensuring safety. The narrative should include information on who, what, why, when and how. Be sure that your narrative addresses follow-up relevant to both the incident description and the incident cause.

Corrective Action Items is the space to document follow-up action related to the incident. It documents the actions necessary for addressing the serious occurrence. The **Created By** field will be generated by the system and users cannot modify this field. The Corrective Action Items can be entered by the provider and the RPO as necessary. Use the Corrective Action Item field to provide a brief description of the corrective action or follow-up that will occur. Questions are not appropriate for this field. Examples of Corrective Action Items include scheduled PCA training; follow up meeting with the consumer; contacting health care professional, etc.

Once this field has an entry, a due date must be assigned in the Due Date field to the immediate right of the Corrective Action Item field. Navigation to the next Corrective Action Items description field is impossible until a Due Date has been entered. Note that upon assigning the due date, the system generates the data for the Created By field.

The **Completed Date** field documents the completion date of the said Corrective action Item. To enter data, place the cursor in the field to the immediate right of the completed Corrective Action Item. Enter the date of completion in the following format: mm/dd/yyyy. The **Completed Date** field should only be entered when the action item has been completed. If it has been completed upon entering the corrective action item you may list the completed date prior to submitting the SOR to the RPO. If you have not completed the action-item refrain from entering a completed date until the SOR has been returned to you.

To access *more than three* Corrective Action items you can create a fresh line by pushing the down arrow on the keyboard when the cursor is in the due date field of the last Corrective Action Item line. If you have not completed the said Corrective Action Item and, therefore, do not have data in the Date Completed field, place the cursor in the Due Date Field and press the down arrow on the keyboard. Follow this procedure as needed for subsequent Corrective Action Items entries.

Only three Corrective Action Items are shown at one time. If there are more than three, the small scroll bar to the immediate right of the Date Completed boxes is activated. Use this scroll bar to view all the Corrective Action Items.

Corrective Action Items field size does not change; however, the field can contain more data than is visible at one time. To view the entire entry, place the cursor in that field and use the arrow keys on the keyboard to move up and down in the field or click the up and down arrows to the immediate right of the Corrective Action Items field.

The **Save Changes** button at the bottom of the screen can be clicked at anytime as often as desired to save data you have entered. **If you exit the window without clicking save, the data will be lost and cannot be recovered.**

The **Submit SOR to RPO** button certifies the SOR is complete and ready for review by your RPO. ***Simply saving the SOR does not qualify as submitting the SOR to your RPO.*** You must click the Submit to RPO button. **Remember, the blue fields are mandatory and must contain an entry before the record can be submitted.**

Upon submission, the system generates an email notification announcing the SOR to the RPO, the provider that entered the

SOR, and the second provider if one was named. Once the SOR has been submitted, the information entered in the blue fields cannot be changed. Only Corrective Action Items can be entered by the RPO or provider once the SOR has been submitted to the PRO. Be sure to save any modifications made after submitting the SOR to the RPO by clicking the **Save Changes** button.

Remember that SORs must be submitted within 10 days of the serious occurrence. Refer to CSB 305 for a list of circumstances warranting an SOR.

The **SOR Summary** button at the bottom of the window allows you to view a printable version of the saved SOR. Clicking the **SOR Summary** Button will either create a new tab within your web browser or generate the summary in the form of a pop-up window. Be sure you allow pop-ups from this website if you click the SOR Summary button and do not see a new tab or pop-up.

The **Exit** button should be used to navigate back to the Welcome Screen. ***Do not use your browsers back arrow. This will direct you out of QAMS.*** Instead, use the Exit button at the bottom of the page to go back to the Welcome Screen.

Follow-up on an SOR

Once the RPO reviews the SOR, it will be returned to the provider. The provider then must follow up on any new RPO generated Corrective Action Items, in addition to completing any Corrective Action Items previously entered without completed dates.

Once all of the corrective action items have been completed click on the **Submit SOR to RPO button**.

Bear in mind that QAMS is not a communication device, but rather a tool for documenting and assuring Serious Occurrences are addressed. Once you have submitted the SOR to your RPO you cannot go back into the system and add comments or details, except to add additional corrective action items and document completion dates. If you have questions or comments or would

like to provide additional information pertinent to the SOR contact your RPO via phone or email.

SOR Quick Reference:

- Provider enters information, clicks save, and clicks submit SOR to RPO

- RPO receives email notification of the new SOR. Upon review of SOR, RPO must determine if follow-up action and corrective action items are appropriate and sufficient. If appropriate action was taken, the RPO will close the SOR. If not, appropriate and sufficient Corrective Action Items will be entered for completion by the provider. RPO clicks Return To Provider Button.

- Provider completes all Corrective Action Items, entering the date of completion in the field to the immediate right of the Corrective Action Item. When all are complete, provider clicks the Submit to RPO button.

- Once all Corrective Action Items are completed by provider, RPO can close the SOR or generate a follow-up Quality Assurance Communication to further address the matter.

- The RPO and provider will receive a system generated email informing them the SOR has been closed.

<u>SOR Search Tool</u>

This tool allows you to obtain a list of saved SORs. CSB staff have access to all SORs and Providers have access to only those SORs where their provider name is listed under the provider type.

There are many search categories available to search by. You can search by as many fields as you wish or by as few as one. There are two types of fields available to search by:

1. Those you type in manually:
    a. Incident ID (SOR #)
    b. Start Date
    c. End Date
    d. Teams ID (This refers to the consumer's ID number with Office of Public Assistance)

2. Those you pick from a drop down list:
    a. Recipient/Member Name
    b. Provider Name
    c. RPO Name
    d. Incident Status

Saved SORs are identified by a system generated ID number called the SOR #. Entering this number is the quickest means of retrieving a specific SOR.
Searching by Start Date allows search for SORs entered from the specified date to the present. Searching by End Date allows for search of SORs up to the specified date. Utilizing both Start Date and End Date allows search for SORs entered within the specified time period.

Searching by SOR status will let you know how many and which SORs remain open. The Department recommends each provider utilize these search criteria as a means of staying on top of open SORs.

The **Search** button is used to search for saved SORs. To initiate a search, enter the values you know as described above, then click the **Search** button. The items that match your criteria will be shown in the list in the lower portion of the window. If more than five SORs match the search criteria, the scroll bar to the immediate right of the **Select** buttons is activated. Use this scroll bar to view all SORs returned by your search criteria.

The **Select** buttons to the immediate right of the returned SORs will open the SOR.

The **Reset** button clears all of the search fields and allows for a new search.

To leave the SOR search tool, press the **EXIT** button at the bottom of the screen. ***Do not use your browsers back button as this will direct you out of the QAMS website.***

Quality Assurance Communication (QAC) Tool

Only an RPO or CSB central office staff can generate a **QAC.**

A QAC can originate from a number of places. It can be used to recognize excellent work by providers. It can also be used to document communication with providers around quality measures. A QAC can result from an SOR in which the provider actions/outcome of the SOR was unsatisfactory. A QAC can be initiated as part of a QAR (quality assurance review) or consumer in-home visits regarding specific QAR standards. If the response to an initial QAC is unsatisfactory another QAC can be generated until the issue is resolved.

The top portion of the QAC screen contains blue fields which must contain data before the QAC can be submitted to the provider via clicking the **Submit to Provider** button.

The lower portion of the screen is ***used by providers*** to communicate an explanation of cause and action related to the QAC. In the **QAC Cause** field the provider should describe what caused the circumstance that generated the QAC. In the **QAC Action** field the provider should describe their action to address the situation outlined in the QAC. The provider then submits their reply to the RPO by clicking the Submit to RPO button.

Note that you must have text entered in both of the provider response fields (QAC cause and QAC action) in order to submit the QAC to the RPO.

Once the QAC is submitted to the RPO the RPO will review the QAC, provide comments, and close the QAC. There are three options to close the QAC: close resolved; close unresolved, and close follow-up QAC. There may be a need for additional communication and action related to the QAC. When this is the case the RPO will generate a new QAC, which is linked to the old QAC.

The QAMS system will assign a QAC ID number. Note that each category of entry utilizes its own numbering system. For example, QAC 1 is not necessarily related to SOR 1 or QAR 1.

Flow:

- CSB staff initiates the QAC, select whether it is performance or positive, describe the scenario leading up to the QAC and the result(s) of this scenario, and expectations from the department. CSB staff submits the QAC to provider by clicking the **Submit to Provider** button.

- Provider receives email notification of the QAC, uses the **QAC Search** tool (outlined on page 18) to retrieve the QAC, responds with explanation of the case and action plan, then returns the QAC to RPO by clicking the **Submit to RPO** button.

- RPO receives email notification of the returned QAC and can close the QAC if it was sufficiently addressed or create a follow-up QAC.

- The RPO and provider will receive a system generated email stating the QAC is closed.

<u>QAC Search Tool</u>

The **QAC Search** button on the Welcome Screen accesses the QAC Search tool. Similar to the SOR Search tool, the **QAC Search** tool is the means by which providers and CSB staff retrieve saved

QACs. Here, you can find out which QACs are still pending, past due, or closed. This is especially useful during a QA review during which a number of QACs can be generated. The QAC Search tool is also how providers can gain access to the QAC entry screen so they can enter a response to an open QAC. For instructions on completing a provider response, see paragraph 4 of the section titled Quality Assurance Communication above.

As with the SOR Search tool, CSB staff can access to all QACs. Providers have access to QACs sent to them. As few as one search criteria field can be used to search for QACs. Manual entry of the QAC # or QAR # is required to search by these two categories. The other fields contain dropdown menus by which you must select one of the named categories to search by. To search, click the **Lookup** button.

The list of QACs matching your search criteria will appear below the search category fields. If the search returns more than ten QACs, the scroll bar to the immediate right of the select buttons will become activated. Use this scroll bar to view more QACs. To view a specific QAC, click the Select button to the immediate right of the Completed Date field in the same line as the desired QAC. To exit a selected QAC and return to the QAC search, click the Exit button at the bottom of the QAC window.

The **Reset** button above the **Lookup** button clears all of the search fields, and allows for a new search.

Trouble Shooting Tips

Navigating Dropdown Lists

- Downward facing arrows to the right of a dialogue box indicate that the field has a drop down list. Whenever you see a dropdown menu, you must choose a value from the dropdown list.

- To select a value you can:
  1. Click the arrow button, and click the value in the list
  2. Start typing the first few characters of the value, and press the tab key to go to the next field or click on another field, and system will fill in the value.
  3. Press Ctrl-L and the list of values will pop up

- To search the list of values, the % sign works as a wild card. If you type p% in the search field at the top of the list window and click search, it will show you everything that starts with the letter 'p'. **(The % sign must follow the entry you make)**

- To move through the list click up or down on the scroll bar located to the immediate right of the list of items (not your browsers scroll bar).

General Tips

- The fields that are blue are required fields.

- You can tab out of the field or click on a new field to move on.

- If you try to move out of a field and that field becomes highlighted blue when you click a new field, the entry is not valid and you must either delete it or correct it before you can navigate away from the field.

- If you re-enter a field with text in it, clicking once will highlight the whole entry in royal blue. Click again or use the arrow keys on your keyboard to set the cursor where you wish to begin entering new text. If you begin typing with the text highlighted, it will be deleted.

- If you accidentally delete text in a field, you can click the Exit button at the bottom of the window and click NO when asked if you want to save changes. This will recover the lost material as well as restore any other fields you changed before saving.

- On each of the search windows the information in the search fields are used together. So, it looks for values that match ALL of the criteria you entered. Also, each time you click the search button it runs a completely new search – it will not search within the list displayed on the window.

- You need to use the buttons on the window to take action on the record. For example, you must click the save button to save the changes to the record.

- **The system will alert you with an informational message if you have not entered all required fields.**

Quick Reference: Formatting Commands

Use the control key simultaneously with the following:
Ctrl + Z to Undo
Ctrl + X to Cut
Ctrl + C to Copy

Ctrl + V to Paste

<u>**Quick Reference: Entering an SOR**</u>

Incident ID….this is computer generated.

Consumer Teams ID…this is computer generated once the consumers name is entered.

Program… SDPAS, PAS, HCBS, or BSB. Enter the program you work for.

Service setting…..this reflects consumer's living arrangement.

Recipient/consumer name….this reflects the consumer.

Provider name....this reflects the reporting agency of the incident and matches the Provider Rep named to the immediate right (what agency is generating this report?)

Provider Rep…this reflects the employee of the agency writing this report (who is writing the report?). This person is the employee of the agency named to the immediate left and is the person completing the SOR.

Second **Provider name**…this reflects any secondary provider involved in the case (AL PAS SDPAS HCBS)….*when this field is entered the secondary agency will be notified of the incident through the QAMs database. Note: if there is a third agency involved a report will have to be faxed to that agency for notification purposes.*

Second **Provider Rep**…this is the representative of the secondary provider
*** There may not be a second Provider and provider rep***

Incident type…..this reflects the primary category of person(s) involved in the incident (should typically not be other).

Incident subtype….this reflects what happened in the incident type.

Incident Description….describes the circumstances and should be written to the reader as if they know nothing of the situation or persons involved.

Incident cause…choose a cause from the dropdown. More than one can be chosen. Use Other sparingly.

Provider actions taken…this reflects actions taken by the provider to respond to the incident.

Corrective Actions……This details specific follow-up action that has been done or needs to be completed related to the incident.

Due Date… date the Corrective Action Item must be completed by

Completed Date... date the Corrective action item was completed

<u>Password creation tips:</u>

First the don't do list

- Don't use common words (such as: password) and numbers (such as: 12345 or 246810) as your password.

- When using numbers only, make sure the sequence is completely random and has no importance. It's best not to use any number that is a matter of record such as phone, address and Social Security numbers.

- Do not use the same password for several logons, especially if they involve sensitive financial or other personal information.

- Do not rely on replacing letters with numbers for security. Password cracking programs break these passwords as easily as the words themselves.

- Do not simply combine two or more dictionary words even if you think they are rare. Many password crackers try combinations of dictionary words first.

Now, some easy tips on creating a password that you can remember:

It is best to utilize a couple techniques that help you add lowercase letters, capital letters, numbers AND symbols to the password. If you utilize more than one of these techniques, you will get skilled at using them. Here are some ideas:

- Turn letters into numbers. Whatever works in your mind will work. You have to mix these into a strong password or the mix up can easily be broken. Here are some ideas
  - E =3
  - O = 0 (zero)
  - H = 4
  - S = 5
  - Lower case b = 6
  - Upper case I or lower case L = 1

- Use special characters that make sense with the password – add a ! to really mean it, or a ? if it is a question or a smiley :), sad : (, or wink ;) face. You can add these in the middle or the end to mix it up.

- Pick a pattern, and mix up the letters of a phrase – the longer the better!

    - For Example, maybe you want to get in shape in '08. The Nike slogan 'Just Do It' can be mixed up using a pattern that only you know and you can add the year.

        - You can mix in the year 2Just0Do0It8 and add emphasis in your mind with a '!' somewhere - 2Just0Do0It!8. You could remind yourself of your password by writing a hint of "which year are you really going to do it?" Or, "when would you wear Nike shoes?"
        - Maybe you use the first letters, then the last letters, then the middle letters so you would get JDItotus.

        - Maybe you do everything backwards in sections of 2 letters, so you would get tIoDtsuJ then add some numbers and characters in there and it would be strong.

        - Maybe you know another language; you can use a phrase and pop in a foreign word. For example, you could use "Yes, I can!" as your phrase. Then pop in the French work for Yes, which is Oui. So now you have "Oui, I can!". You could then flip all the words backwards and use the special characters so now you would have iuO,I!nac. With a hint written down than means something to you, using our getting in shape theme, maybe it would be 'can you do it?' or "do you can fresh peaches?" or "Will you do that please?"

- Pick a topic that is on your mind lately. Then think of a question about that topic that only you can answer. For example, you might be thinking about the Caroll College

NAIA football win. You could write down the question “what was the best thing about that game?”

- If someone found your note with the question written down, they wouldn’t know which game you were thinking about, and the ‘best’ thing is very subjective, so it could be anything.

- You need to come up with a replacement pattern, or phrase mix up that works in your mind. The options are limitless. Pick your favorite topic and use it – sewing, or knitting, or sports, or art. If you are a big reader – use book titles and favorite page, paragraph and line. This also works for religious text references.